

Applicant Name & Title: _____

Proposed Location: _____
(Attach aerial and site plan depicting location of operation)

Proposed Use of Site: _____
(Proper zoning is required)

Amount of waste per day: _____ tons* (assume 100 tires/ton).

Approx. size: _____
acres Section Township Range

Legal Description (Folio #, etc.) _____

Owner of property (if different from above):

Address: _____ Telephone Number: _____

Approximate land elevation (feet above/below MSL)

Existing:

Land subject to flooding? (YES or NO):

Proposed operation in contact with surface or groundwaters? (YES or NO):

Are tires stored indoors or outdoors? _____

Approximate land elevation (feet above/below MSL):

Will facility accept materials from outside sources? (YES or NO): _____
(If yes, please include a list of sources that bring material to your facility)

This facility shall only accept non-hazardous material and will be specifically limited to tires.

****Submit fee payable to “Miami-Dade County” with this application as indicated by the enclosed fee schedule.**

Methodology for monitoring incoming waste:

A) Authorized Representative of Applicant present: _____

B) Other proposed method (describe): _____

Incoming waste shall be dumped apart from immediate working area and inspected for non-acceptable items. Non-acceptable materials shall be removed from site on a routine basis.

Off-site locations where tire will be disposed or recycled:

| NAME | ADDRESS | COUNTY |
|-------|---------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Storage:

Maximum amount of tires stored monthly _____

These tires are removed on a _____ basis.
(weekly, monthly, etc.)

Description of tire storage area (include indoor or outdoor + maximum size of storage pile): _____

Storage of tires must also be approved by FDEP, Mosquito Control and the Fire Department.

Processing:

Processing of tires must also be approved by FDEP.

Describe processing of tires: _____

Additional submittals required:

1. Estimated cost of processing and removing or disposing of maximum amount of waste tires on site. Performance bonds or other financial guarantees will be necessary.
2. Storm water management plan for any outside storage or processing. (Review fee based on size and type of facility).
3. Describe Fire Suppression equipment. _____

The undersigned owner** or authorized representative of _____

_____ is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to maintain and operate the potential pollution source and pollution control facilities in such a manner as to comply with the aforementioned criteria, the provisions of Chapter 24, Miami-Dade County Code, and all applicable rules and regulations. He/She also understands that a permit, if granted by the Department, will be non-transferable and he/she will promptly notify the Department upon sale, change of location, or legal transfer of the permitted facility. He/She further understands that failure to comply with the above criteria, rules and regulations may result in suspension or revocation of permit and site restoration.

Signature, Owner or Authorized Representative
(Notarization is mandatory)

Typed Name and Title

Date